1991-2009
L'Evidence-based Medicine compie 18 anni
E maggiorenne anche in Italia?

Nino Cartabellotta

EBM: La… “prima volta”

Guyatt GH
ACP J Club 1991 Mar-Apr

EBM: la “nascita ufficiale”

Evidence-Based Medicine
A New Approach to Teaching the Practice of Medicine
Evidence-Based Medicine Working Group
JAMA, November 4, 1992—Vol 268, No. 17

EBM: i chiarimenti

Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS.

Evidence-based Medicine
What it is and what it isn’t

BMJ 1996;312:71-2

Evidence-based Medicine

La pratica dell’EBM necessita di tre “ingredienti”, che richiedono al medico attitudini, strumenti e competenze non ancora inseriti nei curricula formativi e professionali:

• Attitudine
• Competenze tecniche
• Clinical judgment

Sackett et al. BMJ 1996

Cartabellotta A. Rec Prog Med 2002
**Evidence-based Medicine**

**Attitudine**
- Percepire i gap di conoscenza emersi dall’incontro con il paziente e di convertire il “bisogno d’informazione” in quesiti clinico-assistenziali ben definiti.

**Competenze tecniche**
- Ritrovare ritrovare con la massima efficienza le migliori evidenze disponibili
- Interpretar criticamente tali evidenze: validità interna, rilevanza clinica, applicabilità

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**Evidence-based Medicine**

**Clinical judgment**
- Determina il “peso decisionale” delle evidenze, tenendo conto sia delle preferenze-aspettative del paziente, sia del contesto sociale, organizzativo ed economico.

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**Practitioners of Evidence-Based Care**

**EBM: un passo indietro?**

Guyatt GH, O Meade M, Jaeschke RZ Cook DJ, Haynes RB

Practitioners of evidence based care
Not all clinicians need to appraise evidence from scratch but all need some skills

*BMJ* 2000;320:954-5

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**Carter AO, et al.**


Clinical expertise in the era of evidence-based medicine and patient choice

ACP J Club 2002 Mar-Apr;136:A11

EBM: l’evoluzione

Haynes RB, Devereaux PJ, Guyatt GH

Dal “campanilismo professionale alla EBP

- Physicians: Evidence-based Medicine
- Nurses: Evidence-based Nursing
- Midwifery: Evidence-based Midwifery
- Physiotherapist: Evidence-based Physiotherapy
- Pharmacist: Evidence-based Pharmacy
- …: Evidence-based …

Evidence-based Practice

BMC Medical Education

Sicily statement on evidence-based practice

Debene

Open Access

EBP Teaching in Europe: EU Leonardo da Vinci Project

Julie Hadley

Khalid Khan

The University of Birmingham

Birmingham Women’s Health Care NHS Trust
EBP core-curriculum

Module 1. Asking Clinical Questions
Modulo 2. Searching the Evidence
Modulo 3. Critical appraisal of evidence
Modulo 4. Application of evidence to the patient
Modulo 5. Implementation of evidence into practice

Evidence based medicine and the medical curriculum

The research regime is now as essential as the stethoscope

How and when should these skills be taught? Just as we teach undergraduate students the basics of cardiac anatomy and using a stethoscope, we should also teach them the anatomy of research and the basic knowledge and skills for evidence-based practice (as set out in the Sibley statement). These basic skills of using (not doing) research—searching, appraising, and applying research evidence to individual patients—should be taught early and applied as an integral part of learning in all years of the curriculum.

Table 1. Characteristics of EBP Evaluation Instruments

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Instruments, No. (%)</th>
<th>BR 1 (%)</th>
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</thead>
<tbody>
<tr>
<td>EBP knowledge</td>
<td>39 (37.5)</td>
<td></td>
</tr>
<tr>
<td>Ask</td>
<td>13 (12.5)</td>
<td></td>
</tr>
<tr>
<td>Appraise</td>
<td>33 (30.7)</td>
<td></td>
</tr>
<tr>
<td>Appraise</td>
<td>38 (35.3)</td>
<td></td>
</tr>
<tr>
<td>EBP attitudes</td>
<td>13 (12.5)</td>
<td></td>
</tr>
<tr>
<td>EBP behaviors</td>
<td>17 (16.0)</td>
<td></td>
</tr>
<tr>
<td>Performing EBP steps</td>
<td>34 (32.3)</td>
<td></td>
</tr>
<tr>
<td>Patient outcomes</td>
<td>2 (1.9)</td>
<td></td>
</tr>
</tbody>
</table>

Kirkpatrick’s hierarchy of levels of evaluation

Shaneyfelt T, Baum KD, Bell D, et al.

Instruments for evaluating education in evidence-based practice: a systematic review

JAMA 2006;296:1116-27
### 1. Rapid development and uptake of EBM
- Courses on how to teach EBM, popular books on the subject
- Related series in medical and surgical specialties
- The New York Times listed EBM as one of its ideas of the year in 2001
- BMJ listed EBM as one of the 15 greatest medical milestones since 1840

### 2. Knowledge access and dissemination
- Development of the Internet
- PubMed search strategies and link to the full-text
- Developing of pre-appraised resources:
  - Secondary publications: ACPJC, EBM, EBN, etc
  - Cochrane Library
  - PIER, Clinical Evidence, UpToDate

### 3. Values and preferences
- Patients’ perspectives, beliefs, expectations, and goals for life and health
- Consider the available options and their relative benefits, harms, costs, and inconveniences
- In UK, National Health Service Constitution suggests that patient participation in decision making is a patient’s right
- In the United States, the Institute of Medicine designated evidence-based patient centered health care delivery as a key feature of high quality medical care

### 4. GRADE
EBM in the Current Health Care Environment

1. Misuses of EBM

- Analogy between EBM and nuclear fission: it can be very powerful when used appropriately and dangerous when used inappropriately.
- "Evidence-based" precedes many recommendations, guidelines, and algorithms that do not represent the results of a systematic and critical appraisal of evidence.
- EBM era has coincided with a dramatic increase in the for-profit funding of research.

2. Appropriate application

- Increasing conduct of high-quality studies that address important questions using optimal study designs and large sample sizes.
- Unbiased, meticulous summarization of the best evidence.
- Quality improvement science can realize the reliable application of evidence.

L’EBM è maggiorenne anche in Italia?

1. L’Evidence-based Practice è stata legittimata quale metodo ideale per integrare pratica professionale e formazione permanente, sia attraverso una precoce introduzione dell’EBP core-curriculum a livello universitario, sia con la iniziative di formazione continua integrate con l’attività professionale?
2. La **clinical governance** è una consolidata strategia di politica sanitaria per migliorare la qualità dell’assistenza (sicurezza, efficacia, appropriatezza, partecipazione degli utenti, equità, efficienza), integrando gli strumenti metodologici (linee-guida, percorsi assistenziali, audit clinico, gestione del rischio) nei processi di governo aziendale?

3. Le istituzioni governano l’**informazione ai cittadini** sull’efficacia/rischi degli interventi sanitari, sganciandola sia dalle pressioni dei media, sia dai conflitti professionali, spesso alimentati da strategie di marketing più o meno occulte?

4. Le Istituzioni finanziano la ricerca indipendente e la ricerca sui servizi sanitari nelle aree grigie rilevanti per la sanità pubblica?

Professionisti e organizzazioni sono in grado di “governare” la ricerca sponsorizzata, per garantirne utilità sociale, rigore metodologico, etica e integrità?

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**Il nostro contributo**

- 1991 Compare il termine “Evidence-Based Medicine”
- 1992 JAMA pubblica l’articolo manifesto sull’EBM
- 1993 Nasce la Cochrane Collaboration
- 1996 Fondazione del **GIMBE**
- 1998 Arriva la Clinical Governance nel NHS inglese
- 2001 1° EBHC International Conference
- 2005 **Sicily Statement on Evidence-based Practice**
- 2005 Avvio del Centro Studi **GIMBE**
- 2006 1° Conferenza Nazionale **GIMBE**
- 2007 Lancia del programma **GIMBE education**
- 2008 Welcome **GIMBE news**!